Delay in GMC hearing breached doctor's human rights

Clare Dyer *legal correspondent, BMJ*

A surgeon who has been suspended on full pay for nearly four years won an unprecedented legal victory last week when the General Medical Council agreed to drop its case against him on the grounds that delay had breached his right to a fair trial under the Human Rights Act.

John Rogers, an honorary consultant at the Royal London Hospital and senior lecturer at Queen Mary and Westfield College of the University of London, was suspended by the college in January 1998 over allegations concerning a procedure for gastric reflux which was part of a research study.

He was alleged to have failed to get ethics committee approval, to have carried out and invoiced for procedures that were clinically unnecessary, and to have published misleading information about success and failure rates.

The college appointed an independent disciplinary committee headed by the retired appeal court judge Sir Brian Neill to look into the allegations. The committee found no evidence of dishonesty and recommended a reprimand rather than dismissal.

The committee recommended that some of the accusations should be referred to the GMC for investigation, but the college decided to refer all the allegations. In April 1999 the GMC wrote to Mr Rogers to tell him that his case was to be referred to the preliminary proceedings committee.

The full hearing of his case was set for February 2002, but Mr Rogers' counsel, Robert Seabrook QC, went to the High Court to argue that the delay breached his client's right to a fair trial within a reasonable time, as guaranteed by the Human Rights Act. The High Court judge was "surprised" at the delay, but said the arguments should be put to the GMC itself rather than the court.

In a two day hearing, Mr Seabrook told the GMC's professional conduct committee that its concern for the public interest was not a licence to "ride roughshod" over a practitioner's career and livelihood. While the case was pending, Mr Rogers' admitting privileges at private hospitals had progressively been withdrawn.

The committee decided that by setting a date of February 2002 to hear the case the GMC had breached Mr Rogers' right to a fair trial within a reasonable time. Balancing the GMC's duty to protect patients, the interests of the public, and the interests of the doctor, it would be "disproportionate" to continue with the proceedings.

Neither Mr Rogers nor the college would comment on the likelihood of reinstatement in his job. □

Fake cows help to reduce sleeping sickness and use of insecticides

Annabel Ferriman *BMJ*

A new artificial cow is helping to eradicate the tsetse fly from parts of Africa, thereby reducing the incidence of sleeping sickness, which is transmitted by the pest.

Although the fake cows do not look like cows (see picture right), they smell like them, attracting the flies with kairomones, a blend of chemicals emitted by one species and detected by another. The flies then die because the fake cattle are impregnated with insecticides.

Developed by an international group of researchers, including scientists from the University of Greenwich, the cows were introduced into Zimbabwe in the mid-1980s, when thousands of cattle were infected with nagana, a disease equivalent to sleeping sickness in cattle. Cases of nagana in the country plummeted to almost zero and have remained at this low level for the past five years. A total of 60 000 cows are now in use in Zimbabwe.

Their use has also reduced the amount of insecticide needed to control tsetse flies. Dr Stephen Torr of the University of Greenwich's natural resources institute, said: "During the mid-1980s, when cases of nagana were at their peak in Zimbabwe, the government was spraying 100-200 tons of DDT pesticide per year to control the tsetse fly population.

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"This pest control policy has now been abandoned in favour of more effective and environmentally friendly alternatives such as artificial cows."

Funding for the project came partly from the United Kingdom's Department for International Development and partly from the European Union.

Sleeping sickness affects over 60 million people in 36 countries, according to the latest statistics from the World Health Organization. Sleeping sickness and nagana are transmitted to humans and cattle by tsetse flies infected with the parasite *Trypanosoma brucei*. □

Separate vaccines could endanger children

Zosia Kmietowicz *London*

Experts have declared that the current fad among some parents to give their children single injections against measles, mumps, and rubella rather than the triple MMR vaccine is a "backward step" that could endanger their children's health.

There is no evidence that using separate vaccines to immunise children against these childhood diseases is either safe or effective, because this type of regimen has never been used anywhere in the world, write Professor David Elliman of St George's Hospital, London, and Dr Helen Bedford of the Institute of Child Health, London, in a review of all the evidence on MMR to date (*Archives of Disease in Childhood* 2001;85:271-4).

None of the single mumps or measles vaccines is licensed in the United Kingdom, and of the separate mumps vaccines one is ineffective and another increases the risk of meningitis slightly.

The reviewers reiterate that research carried out by Dr Andrew Wakefield and colleagues at the Inflammatory Bowel Disease Study Group at the Royal Free Hospital in London, which linked measles vaccination to bowel problems and autism, has been quashed by subsequent work, including some from the group itself.

Dr Wakefield is criticised for his remarks in 1998 that he believed the combined vaccine overloaded the immune system and that separate vaccines were preferable. "He has yet to produce any sound evidence to support this view," say Professor Elliman and Dr Bedford, adding that other team members emphatically endorsed the use of the triple vaccine and that many other scientists were unable to reproduce Dr Wakefield's findings.

They add that a review by Dr Wakefield and a colleague, published earlier this year, which claimed to show that the MMR vaccine was inadequately tested for safety, was deeply flawed, with "many errors" and a "highly selective" choice of studies. In particular, it overlooked an important Finnish study which found a very low rate of side effects and no increase in bowel problems after MMR vaccination.

In a commentary on the article, Dr Elizabeth Miller of the Public Health Laboratory Service attacked the *Lancet* for publishing some of Dr Wakefield's most controversial work, even though it was badly designed and poorly conducted. □